

REFERRAL FORM

PATIENT INFO:

Patient Name _____ DOB _____ Phone _____

Diagnosis _____

Urgency of Referral (check one) 48 Hours Within One Week Patient Preferred Date

*** If this is a medical emergency, do not fill out this form, instead call our 24/7 service at 303-261-1600 X1 ***

Eye (check one) Right Eye Left Eye Both Eyes

SYMPTOMS & LENGTH OF SYMPTOMS: _____

REFERRING PROVIDER INFO:

Provider Name _____ PracticeName _____

Phone _____ Fax _____

Email _____ Practice Location(city) _____

PREFERRED CRA LOCATION:

- | | |
|--|---|
| Unknown/ Patient Preference | 11960 Lioness Wy, Ste 290 Parker, CO 80134 |
| 850 Englewood Pkwy, Ste 200, Englewood, CO 80110 | 1 1050 W. South Boulder Rd, Ste 2100, Lafayette, CO 80026 |
| 8101 E Lowry Blvd, Ste 210, Denver, CO 80230 | 360 Peak One Dr, Ste 300, Frisco, CO 80443 <i>*satellite*</i> |
| 400 Indiana St, Ste 310, Golden, CO 80401 | 220 W 2nd St, Goodland, KS 67735 <i>*satellite*</i> |

PREFERRED CRA PHYSICIAN:

- | | | | |
|--------------------------------|--|-------------------------|-------------------|
| First Available/ No Preference | Mark Dacey, MD <i>*Uveitis*</i> | Brian Joondeph, MD, MPS | Salil Shukla, MD |
| Murtaza Adam, MD | Curtis Hagedorn, MD | Alan Kimura, MD, MPH | Miriah Teeter, MD |
| Nancy Christmas, MD | Peter Hovland, MD, PhD <i>*Oncology*</i> | Ashleigh Levison, MD | |
| Robert Courtney, MD | David Johnson, MD | Mimi Liu, MD | |

REQUESTS/ NOTES FOR PHYSICIAN: _____

RELEVANT PATIENT MEDICAL HISTORY: _____

IMPORTANT: FAX the below files to (303) 261-1601 OR EMAIL to info@retinacolorado.com

Patient Demographics Copy of Insurance Cards Recent Exam Notes OCT/FA